

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006117

STATE FILE NUMBER

AMENDED

Registration District No. 116 Primary Registration District No. 5433 Registrar's No. 50

FILED MAR 5 1962

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>UNION</b>		c. CITY OR TOWN <b>UNION</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>AT HOME</b>		d. STREET ADDRESS (If outside, give location) <b>R.R. 1</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>ELIJAH</b> Middle <b>J.</b> Last <b>WEBB</b>		4. DATE OF DEATH Month <b>FEB.</b> Day <b>25</b> Year <b>1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>APR. 14, 1894</b>
9. AGE (last birthday) <b>67</b>		10. IF UNDER 1 YEAR Months <b>10</b> Days <b>11</b> Hours <b></b> Min. <b></b>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <b>CARPENTER</b>	11. BIRTHPLACE (City and state or country) <b>ELMONT, MO.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>UNKNOWN</b>	13b. MOTHER'S MAIDEN NAME <b>MARTHA ?</b>	14. NAME OF HUSBAND OR WIFE <b>LEONA WEBB</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT <b>MRS. LEONA WEBB R.R.1 UNION, MO.</b>
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>
DUE TO (b) <i>Chronic obstructive heart disease</i>		
DUE TO (c) <i></i>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <b></b> a.m. <b></b> p.m. <b></b>	Month, Day, Year <b></b>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>UNION, MO.</b>	COUNTY <b></b> STATE <b></b>
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21. I attended the deceased from <b>1960</b> to <b>2/25/62</b> and last saw her alive on <b>DEC 1962</b>	
Death occurred at <b>12:00 a</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <i>W.D. Oltmann</i>	(Degree or title)	22b. ADDRESS <i>Union, Mo</i>	22c. DATE SIGNED <b>2/25/62</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>FEB. 28, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MIDLAWN MEM. GARDENS</b>	23d. LOCATION (City, town, or county) <b>UNION, MO.</b>
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24. FUNERAL DIRECTOR <b>OLTMANN FUNERAL HOME</b>	25. DATE RECD. BY LOCAL REG. <b>2/26/62</b>	26. REGISTRAR'S SIGNATURE <i>Loela C. Hudman</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ralph Ottman

Licensed Embalmer No. 4808

P. O. Address Union, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.